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ABSTRACT

This study examined demographic, clinical, and criminal histories as they related to whether 244 youth (ages 12-18) referred for mental health services at a juvenile corrections facility were repeat or first-time offenders. The population of 244 patients included 144 first-time offenders and 100 repeat offenders. Results of the study found that the referred youth in the sample differed significantly from youth in the overall population at the juvenile hall in almost all of the categories measured. The sample included fewer first-time offenders and Hispanics, it included more females, and included more youth with a history of serious violent offenses. Findings also indicated that the arrest patterns for youth referred for mental health services were more likely to be affected by the juvenile justice history of the youth than by clinical factors, including drug use and mental health service use. The number of years of delinquency appeared to be the strongest predictor of repeat offending within the group of referred youth. Lastly, the study found violent offenders were half as likely to be repeat offenders as non-violent offenders. (Contains 13 references.) (CR)

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Introduction

The recidivism of delinquent youth and characteristics of these repeat offenders have been the subject of several investigations. Among the characteristics that have been found to be correlated with repeat offending have been attachment to parents, parental supervision, alcohol and drug use, and past criminality (Loeber & Stouthamer-Loeber, 1986), in addition to the demographic characteristics. However, the variables in most of these studies have generally been limited to a few demographic variables such as age, ethnicity, and gender.

Although there is considerable information in the literature on the characteristics of youth detained in correctional facilities who are repeat offenders, there is little information in the literature youth with mental illness who are repeat offenders. It is unclear from the literature whether the detainment of youth with mental illness is related to demographic, clinical, or service use characteristics. Multiple investigators have found that minority youth tend to be incarcerated at a higher rate than white youth (Eisenman & Kritsonis, 1993; Brown, Rhodes, Miller, & Jenkins, 1990). This trend appears to remain constant for youth with mentally illness (Lewis, Shanok, Cohen, Kligfeld, & Frisone, 1980; Cohen et al, 1990).

Despite the fact that there have been few studies which examine the effect of gender on detention, gender bias also appears to exist. Males tend to be incarcerated at a higher rate and commit more serious offenses than females. Females, however, are more likely to be arrested for status offenses than males (Dembo, Williams, & Schmeidler, 1993). Female detainees also have an elevated degree of deprivation and neglect at home (Chesney-Lind & Shelden, 1992).

It has been estimated that as many as 60% of youths

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detained in juvenile corrections facilities suffer from emotional disorders (Cocozza, 1991). Youth detained in corrections facilities have been found to have levels of psychopathology similar to the levels of mental illness found in psychiatric hospitals (Davis, Bean, Schumacher, & Stringer, 1991; Pumariega, in press). Despite these findings, most U.S. juvenile detention facilities do not have an adequate screening procedure for detecting emotional disturbance among its detainees (Barton, 1976). The emotional difficulties experienced by these youth are likely to receive little professional attention by mental health practitioners prior to incarceration. This is a trend that is likely to continue once the youth is detained due to the paucity of mental health services that are provided in most juvenile justice settings (Anno, 1984).

Furthermore, the decision of whether to provide treatment or not is usually based on the conclusion of an individual staff member who may not have a theoretical basis for judgement (Barton, 1976). Many of these individuals have the same biases about juvenile crime and delinquency as the general population. Because of ethnic, gender, and anti-mental health biases, there may be little or no thought given to mental illness and how that illness might have contributed to the behaviors that have been exhibited by the youth. Additionally, many of the individuals making the decision to detain or refer the youth for mental health evaluation have numerous organizational pressures and constraints that might prevent them from referring the youth for mental health services even when the need is felt to exist (Mulvey & Reppucci, 1984).

To date, few studies have examined the difference in characteristics between first time and repeat offenders with mental illness. In this study, we examined demographic, clinical, and criminal history and their relationship to whether the youth was a repeat or first time offender in a sample of youth referred for mental health services at a juvenile corrections facility. The hypotheses that we explored in this study were: (a) Demographic variables are a greater predictor of repeat offending than clinical variables; and (b) youth with a history of violent offenses are more likely to be repeat offenders than youth with a history of non-violent offenses.

Setting

The San Fernando Valley Juvenile Hall (SFVJH) is one of three juvenile halls that serve Los Angeles County, California. The juvenile halls each house both pre-adjudicated as well as post-adjudicated youth. The facility has a mental health treatment center located on site which provides mental health services to approximately 500 youth each year. The entire facility has an average daily census of 600 youth, and approximately 3200 youth are detained annually.

The youth can be referred for mental health evaluation by either (a) nursing staff upon intake, (b) detention staff members who work directly with youth in one of 10 housing units, (c) teachers who teach at the school located on the grounds of the juvenile hall, (d) the probation officer who worked with the youth prior to detention, or (e) the parents who could contact the mental health staff directly. There is no formal mental health evaluation either at the time of intake or at any time during the youth's stay in juvenile hall.

Subjects

The subject population (N = 244) was assembled from 244 consecutive referrals during a six month period (January 1-June 30). All youth were between 12 and 18 years of age.

Methods

This study involved reviewing the mental health and probation records of the youth. The probation department's master files were explored for data on all youth in the juvenile hall during the period of the study (N = 3,283). Only aggregate data was available on the non-referred youth; individual level data was not available. The items available from the probation department chart review included the current offense, age at first arrest, and the total number of detentions. The items that were available from the mental health department record review included the following: (a) the current age of the youth; (b) history of previous mental health treatment; (c) drug and alcohol use history; (d) mental health diagnoses; and (e) reason for mental health referral, which was classified as either an internalizing or externalizing behavior based on the narrative provided by the referrer.

The offense precipitating the youth's current incarceration, or "current offense," was categorized by the level of violence. If the youth engaged in a behavior in which physical force or the threat of force was used against another individual, or a weapon was used in the commission of the crime, the youth was classified as being a violent offender. For our sample of youth, violent offenses consisted of murder, attempted murder, rape and sexual assaults, assault with a deadly weapon, assault and battery, and robbery (if a weapon was used). Recidivism rate differences in gender, race, age, mental health service use, drug use internalizing behavior, years of delinquency, and whether the current offense was a violent offense were explored using a logistic regression model. Chi-square and t-tests were used to compare the total juvenile hall population with our sample of youth.

Results

The population of 244 patients included 144 (59%) first time offenders and 100 (41%) repeat offenders. Our sample

time offenders and 100 (41%) repeat offenders. Our sample of referred youth is compared with the total population of youth in Table 1. The referred youth represented 7.4% of the population at the juvenile hall. Of the referred youth, 40% had previously received mental health treatment. Those referred for mental health evaluation differed significantly from youth in the general population of youth in juvenile hall. Females, non-Hispanic youth, and violent youth were over-represented, while Hispanic youth and first time offenders were under-represented in our sample.

Among the referred sample, 123 (50%) of the youth reported the current use of alcohol and/or drugs. Among those who used drugs, 90% reported current use of two or more drugs. The drugs most often identified were alcohol, marijuana, crack cocaine, methamphetamine, and hallucinogens.

Table 2 shows the results of the logistic regression. Among referred youth, the juvenile justice history variables were more associated with recidivism than clinical or demographic variables. Age at first offense was most strongly associated with recidivism, whereas violent offenders were half as likely to be repeat offenders. Minority youth were twice as likely to be repeat offenders than non-minority youth, and youth referred for internalizing behaviors were twice as likely to be repeat offenders. The previous use of mental health services had no affect on recidivism.

Discussion

The referred youth in our sample differed significantly from youth in the overall population at the juvenile hall in almost all categories measured. The sample included fewer first-time offenders and Hispanics; it included more females and more youth with a history of serious violent offenses. It is likely that these findings reflect referral bias; the juvenile hall staff may have been more likely to refer certain "types" of youth for mental health services.

Conversely, the results of this study suggest that the arrest patterns for youth referred for mental health services are more likely to be affected by the juvenile justice history of the youth than by clinical factors, including drug use and previous mental health service use. The number of years of delinquency appeared to be the strongest predictor of repeat offending within the group of referred youth. These results are consistent with those which show early age of onset of offending to be strongly correlated with recidivism in non-clinical populations (Lattimore, 1994; Tolan, 1995). Thus, the treatment modalities that are used with juvenile offenders who have emotional disturbances must include treatments which focus on the youths' delinquent behavior as well as the clinical symptoms which are non-criminal in nature.

There was a trend that violent offenders were half as likely

to be repeat offenders as non-violent offenders, although this did not reach statistical significance ($p = .05$). This finding was unexpected, since literature supports the fact that youth tend to start out with low level crimes that escalate to more serious offenses, and therefore, repeat offenders would be more likely to be violent offenders than first time offenders. The youth in this study tended to commit a single violent offense that caused them to be detained for a longer period of time compared to other studies where youth committed several violent offenses before committing a serious violent offense. It is possible that these youth differ in some way from other youth, or they are perceived by staff members in a way that would cause them to have different referral patterns from other detained youth.

This study has several limitations including a lack of objective clinical information on each of the youth (e.g., the type and amount of previous services used, family history data, and information on staff attitudes about the youth which could significantly alter referral patterns). Despite these limitations, this study suggest that a component of the treatment of youth with mental illness who are at risk for detention in the juvenile justice system should address violence and its potential impact on youth. Additionally, a special effort must be undertaken to determine the needs of ethnic minorities, especially Hispanics, who are grossly underrepresented among the referred youth.

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